



AGRICULTURAL WATER SUPPLY FACILITIES IMPLEMENTATION PROJECT GRANT APPLICATION

Ecology Use

Application Number							
Date _____							

Attach additional sheets as needed

1. APPLICANT

- a. Name (public body):
- b. Address:

- c. Date organized:
- d. Authority: RCW

2. CONTACT PERSON

- a. Name:
- b. Title:
- c. Address (if different than above):

- d. Phone number(s):

3. COMPREHENSIVE WATER CONSERVATION PLAN

a. Do you have a completed comprehensive water conservation plan?

☐ Yes

Has your plan been approved by the Department of Ecology?

☐ Yes. Please attach copy.

☐ No. Date submitted

☐ No

☐ None planned (project(s) will not be eligible for grant funding)

☐ Planned: Expected start date

Expected completion date

☐ Started: Expected completion date

b. Do you have a completed wetlands inventory for the plan?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> None planned <input type="checkbox"/> Planned: Expected start date <div style="padding-left: 100px;">Expected completion date</div> <input type="checkbox"/> Started: Expected completion date
4. PROJECT(S) DESCRIPTION Describe the proposed project(s), including a detailed scope of work and your expected start and completion dates. (Must be consistent with any approved comprehensive water conservation plan. Use additional pages if necessary.)	
5. MAP Attach a map showing the location of the proposed project(s). (USGS Quad or comparable.)	
6. CLASS A AND B PROJECT(S) (See Chapter 173-170 WAC and the associated Supplemental Guide for Class A and B project criteria.) <p>a. List proposed Class A project(s) and the estimated cost of each.</p> <p>b. List proposed Class B project(s) and the estimated cost of each.</p>	

7. FISHERIES AND RECREATIONAL FACILITIES

(See Chapter 173-170 WAC and the associated supplemental guide for definitions and criteria.)

- a. Are there any fisheries facilities included in your proposed project(s)?
☐ Yes ☐ No
- b. Are there any recreational facilities included in your proposed project(s)?
☐ Yes ☐ No

If your proposed project(s) contain no fisheries or recreational facilities, go on to question 8.

- c. Are the fisheries and/or recreational facilities included within an approved comprehensive water conservation plan? ☐ Yes ☐ No
- d. Describe any coordination efforts you have made with state or federal agencies, or tribes regarding the fisheries and/or recreational facilities, and the public benefits identified.

8. HAVE YOU ATTACHED AN APPROVED COMPREHENSIVE WATER CONSERVATION PLAN?

- | | |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> No. | Continue with question 9, below. |
| <input type="checkbox"/> Yes. | Skip to question 13. |

9. WATER RIGHTS

List and attach copies of the applicant's legal water rights to divert or withdraw water for land within the applicant's legal boundaries.

- a. Certificates
- b. Permits
- c. Supported claims or declarations on file

10. INTERGOVERNMENTAL COORDINATION

- a. List tribes and local, state, or federal agencies that could be impacted by the proposed project(s) and describe the potential impacts for each.

- b. Describe your past, future, and on-going coordination efforts with the potentially impacted agencies and tribes.

11. STATE ENVIRONMENTAL POLICY ACT (SEPA)

- a. SEPA Lead Agency(ies)
- b. Status of SEPA environmental review (check all that apply):
 - ☐ Environmental checklist: ☐ Needed ☐ Complete
 - ☐ Supporting studies: ☐ Complete (List)
 - ☐ Needed (List)

 - ☐ Environmental Impact Statement:
 - ☐ Needed. Estimated draft issue date:
 - ☐ Draft issued. Issue date:
 - ☐ Final. Issue date: _____
 - ☐ Determination of Nonsignificance:
 - ☐ Issued. Date
 - ☐ Expected. Date
 - ☐ Other. Describe:
- c. If SEPA is complete, provide copies of any comments received on the document from agencies and tribes.
- d. If SEPA has not been completed, please list those agencies and tribes that will be consulted/coordinated with during the SEPA process:

12. PROJECT COMPONENT COST ESTIMATES

Check appropriate boxes and provide cost estimates for your project components included in this grant application.

- | | |
|---|----|
| <input type="checkbox"/> Engineering design and report | \$ |
| <input type="checkbox"/> Project plans and specifications | \$ |
| <input type="checkbox"/> Land purchases, right-of-way easements | \$ |
| <input type="checkbox"/> Construction | \$ |
| <input type="checkbox"/> Construction engineering | \$ |

13. FUNDING SOURCES

- | | | |
|---------------------------------|------|---|
| a. Total Estimated Project Cost | \$ | % |
| b. Applicant Share | - \$ | % |
| c. Ecology Grant Share | = \$ | % |

d. List Other Fund Sources (identified in [b] above)

\$
\$
\$
\$

14. APPLICANT RESOURCES AND EXPENSES

- | | | |
|---|---------|----|
| a. Total acres within your service district boundaries: | | |
| b. Total acres irrigated: | | |
| c. Total acres currently assessed: | | |
| d. Current assessment rate: | \$ | |
| e. Annual revenue for most recent two years: | Year 20 | \$ |
| | Year 20 | \$ |
| f. Annual expenses for most recent two years: | Year 20 | \$ |
| | Year 20 | \$ |
| g. Federal ID Number | | |

15. CERTIFICATION

I certify to the best of my knowledge that the information in this application is true and correct and that I have legal authority to sign and submit this information on behalf of the applicant.

PRINTED NAME

SIGNATURE

TITLE

DATE

16. Send original, including comprehensive plan, maps, attached sheets, letters, resolutions and other supporting documents, to:

**Department of Ecology
Water Resources Program
PO Box 47600
Olympia, WA 98504-7600
ATTN: Ray Newkirk**

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.